

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90192 017 ****70.00

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1. Entity Name

THE CHURCH OF THE LIVING GOD, "THE GOOD SHEPPARD", INC.



Principal Place of Business

**DIXIEANA DRIVE
BOWLING GREEN FL 33834**

Mailing Address

**P. O. BOX 622
BOWLING GREEN FL 33834**

2. Principal Place of Business

105 Dixiana Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bowling Green, FL

City & State

Zip

33834

Country

U.S.A.

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, JUAN
1245 CONROY LANE
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

Name **Jose A. Martinez**

Street Address (P.O. Box Number is Not Acceptable)

242 Glades St.

City

Bowling Green

FL

Zip Code

33834

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jose A. Martinez Jose A Martinez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORTES, RAMIRO BACA	
STREET ADDRESS	715 DOCCOIL RD	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTINEZ, AGUSTIN	
STREET ADDRESS	253 GLADES RD	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOHNNY	
STREET ADDRESS	4716 CHURCH AVE	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, JUAN	
STREET ADDRESS	1245 CONROY LANE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose A. Martinez	
STREET ADDRESS	242 Glades St.	
CITY-ST-ZIP	Bowling Green, FL 33834	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruben Ramirez	
STREET ADDRESS	715 Doc Coil Rd.	
CITY-ST-ZIP	Bowling Green, FL 33834	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jose A. Martinez Jose A Martinez**

CR2E037 (10/02)